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pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

2562 C1/29400R

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			38		The same of the same		ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			カダ minus 20=		. 18			X\$ 9=		OR	X\$18=	324	
INDEPENDENT CLAIMS			minus 3 = *					X40=		OR	X80=	400	
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT				ŀ	+135=		OR	+270=	`	
* If the difference in column 1 is less than				ro, ente	r "0" in c	olumn 2	Ĺ	TOTAL		OR	TOTAL	1434	
CLAIMS AS AMENDED - PART II						(Cal 2)		SMALL E	:NTITV	OR	OTHER SMALL		
		(Column 1) CLAIMS		(Colui	mn 2) HEST	(Column 3)	r	- JIMALL I				ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	Ì	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	,105			+270=		
								+135= TOTAL		OR	+270= TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE	L	
	(Column 1) (Column 2) (Column 3						_		<u>.</u>	•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
	* · · · · · · · · · · · · · · · · · · ·		į	TOTAL		ł	TOTAL	 					
	·				(Column 3)		ADDIT. FEE	L	OR	ADDIT. FEE	L		
 _							۱ -					<u>:</u>	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		1	X80=		
	FIRST PRESE	NTATION OF M	IULTIPLE DE	ULTIPLE DEPENDEN		T CLAIM		,,,,,,,	<u></u>	OR	<u> </u>		
								+135=		OR	+270=		
, **	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Numb r Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												